

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SH</i>	<i>WBC</i>	<i>12-1-00</i>
FORMALITY REVIEW	<i>SH</i>	<i>WBC</i>	<i>12-7-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-1-00
2	✓	✓	12-1-00
3	✓	✓	12-1-00
4	✓	✓	12-1-00
5	✓	✓	12-1-00
6	✓	✓	12-1-00
7	✓	✓	12-1-00
8	✓	✓	12-1-00
9	✓	✓	12-1-00
10	✓	✓	12-1-00
11	✓	✓	12-1-00
12	✓	✓	12-1-00
13	✓	✓	12-1-00
14	✓	✓	12-1-00
15	✓	✓	12-1-00
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29	✓	✓	12-1-00
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47	✓	✓	12-1-00
48	✓	✓	12-1-00
49	✓	✓	12-1-00
50	✓	✓	12-1-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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